

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

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1400 E. Washington Avenue  
Madison, WI 53703

E-Mail: [web@dsps.wi.gov](mailto:web@dsps.wi.gov)  
Website: <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### APPLICATION TO REGISTER FOR HOME INSPECTOR CREDENTIAL

**IMPORTANT:** You must contact the Examination Board of Professional Home Inspectors, Inc., at (800) 733-9267 to register for and take the National Home Inspector Examination. You must pass the Wisconsin Statutes and Administrative Rules Exam and the National Exam to qualify for a license.

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

**PLEASE TYPE OR PRINT IN INK**

☐

Your name and address are available to the public.

Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14)

Last Name

First Name

MI

Former / Maiden Name(s)

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Email Address

Date of Birth

Daytime Telephone Number

\_\_\_\_ month \_\_\_\_ day \_\_\_\_ year

( ) \_\_\_\_ - \_\_\_\_

Ethnic/gender status  
information is optional.

Sex:

☐ M☐ F

Ethnic:

☐ White, not of Hispanic origin☐ Black, not of Hispanic origin☐ Hispanic☐ American Indian or Alaskan☐ Asian or Pacific Islander☐ Other

Have you ever held a license/credential in the state of Wisconsin?

\_\_\_\_ Yes \_\_\_\_ No (please indicate)

If yes, provide your Wisconsin license/credential number.

\_\_\_\_\_

The Home Inspector license expires on December 14 of the even-numbered year. It may be renewed for a two year period at that time.

**EXAMINATION INFORMATION:** Confirmation to take the Wisconsin statutes and administrative rules examination will be sent to you via your email address.

**APPLICATION FEE:** Make one check payable to DSPS for the total DSPS fee and attach to this application.

**For Receiving Use Only**

☐ Initial Credential

(\$150 = \$75 Exam + \$75 Credential Fee)

☐ Reinstatement

(\$207 = \$75 Exam + \$132 Renewal)

# Wisconsin Department of Safety and Professional Services

**MARK AN X IN THE APPROPRIATE BOX.** If you answer **Yes** to any question, give all details on a separate sheet.

**YES NO**

- a. Have you ever been convicted of a misdemeanor or a felony, or operating while intoxicated (OWI), in this or any other state, OR are criminal charges or OWI charges currently pending against you? If YES, complete and attach Form #2252. ☐ ☐
- b. Have you ever surrendered, resigned, canceled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If YES, give details on an attached sheet, including the name of the profession and the agency. ☐ ☐
- c. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action. ☐ ☐
- d. Is disciplinary action pending against you in any jurisdiction? If YES, attach a sheet providing details about pending action, including the name of the agency and status of action. ☐ ☐
- e. Have any suits or claims ever been filed against you as a result of professional services? If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition. ☐ ☐
- f. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Safety and Professional Services or any of the Boards? If YES, what type of credential? ☐ ☐

And if in another name, what name? \_\_\_\_\_

## APPLICANT MUST SIGN

I state that I am the person referred to in this application and that all the answers set forth are strictly true in each respect. I understand that false or forged statements made in connection with this application may be grounds for conviction of a crime and revocation of my credential or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the laws and rules of the Department of Safety and Professional Services will be cause for disciplinary action.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name of Person Signing Above

# Wisconsin Department of Safety and Professional Services

## CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

\_\_\_\_\_ a citizen or national of the United States, or

\_\_\_\_\_ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

## ALL APPLICANTS MUST COMPLETE THIS SECTION

### AFFIDAVIT OF APPLICANT

**I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# Wisconsin Department of Safety and Professional Services

**SOCIAL SECURITY NUMBER.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department.

**(Please Print)**

<b>First Name</b>  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<b>Middle Initial</b>  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<b>Last Name</b>  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
<b>Profession</b>  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>		
<b>Date of Birth</b>  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border-bottom: 1px solid black; width: 100px; text-align: center;">             month           </div> <div style="border-bottom: 1px solid black; width: 100px; text-align: center;">             day           </div> <div style="border-bottom: 1px solid black; width: 100px; text-align: center;">             year           </div> </div>		
<div style="display: flex; align-items: center; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 10px; height: 10px; display: flex; align-items: center; justify-content: center;"> </div> </div> </div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 10px; height: 10px; display: flex; align-items: center; justify-content: center;"> </div> </div> </div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 10px; height: 10px; display: flex; align-items: center; justify-content: center;"> </div> </div> </div> </div> <div style="font-size: 24px; margin: 0 10px;">-</div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 10px; height: 10px; display: flex; align-items: center; justify-content: center;"> </div> </div> </div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 10px; height: 10px; display: flex; align-items: center; justify-content: center;"> </div> </div> </div> <div style="font-size: 24px; margin: 0 10px;">-</div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 10px; height: 10px; display: flex; align-items: center; justify-content: center;"> </div> </div> </div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 10px; height: 10px; display: flex; align-items: center; justify-content: center;"> </div> </div> </div>		

| **Social Security Number or FEIN** | | |

The Department may not disclose the social security number collected above except to the Department of Children and Families for purposes of administering the child and spousal support program,<sup>2</sup> to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,<sup>3</sup> and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.<sup>4</sup>

**EMAIL ADDRESS:**

**Do you have an email address?** ☐ Yes ☐ No

**If yes**, this field is required to receive your application status electronically. Your email address must be clearly legible with the correct case sensitive information.

**EMAIL ADDRESS:** Submit your email address in the spaces provided below or attach a printer copy.

[illegible]

**If no**, your checklist will be sent by first class mail.

<sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>3</sup> Section 440.12, Wis. Stats.

<sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.